



SOBOBA TRIBAL GAMING COMMISSION

Licensing Division

PO Box 610 * San Jacinto, CA 92581 * (951) 665-1000 * Fax (951) 487-0042

CHANGE OF ADDRESS AND LIVING SITUATION FORM

Name: _____

New Physical Address: _____
Street City State Zip

Phone #: _____ Social Security #: _____ Date of Birth: _____

Gaming License #: _____ Employee #: _____

Do you have any person(s) residing with you that work at Soboba Casino or a Gaming related facility? YES () NO ()

If YES, provide the following information (if additional entries are needed, please attach an additional sheet):

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

Do you have any family members (including spouse/in laws) that work at Soboba Casino or a Gaming related facility? YES () NO ()

If YES, provide the following information (if additional entries are needed, please attach an additional sheet):

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

I have reviewed this statement and believe it to be true and accurate to the best of my recollection.

Signature: _____ Date: _____

23333 Soboba Road * San Jacinto, CA 92583

